

## VERIFICATION WORKSHEET

(Attach to Each Application)

Student's Name \_\_\_\_\_ ID# \_\_\_\_\_

School \_\_\_\_\_ Number of Students on Application \_\_\_\_\_

Date Notification of Selection Letter Sent \_\_\_\_\_

Date Response Due \_\_\_\_\_ Date Received \_\_\_\_\_

Date Second Notice Sent (Optional) \_\_\_\_\_

Date Response Due \_\_\_\_\_ Date Received \_\_\_\_\_

How was this application originally approved?

- ☐ a. Free Eligible, based on the FS/TANF case number  
☐ b. Free Eligible, based on the household size and income information reported on the application  
☐ c. Reduced Price Eligible

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### CATEGORICAL (FOOD STAMP/TANF HOUSEHOLDS)

Confirmed by:

- ☐ Food Stamp/TANF Office Agency Record ☐ Notice of Eligibility  
☐ ATP Card (Authorization to Participate) ☐ Other \_\_\_\_\_

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### INCOME APPLICATION

Social security numbers of all adult household members provided? ☐ Yes ☐ No

All sources of income listed on application verified? ☐ Yes ☐ No

Documentation received from:

- ☐ Wage Stubs ☐ Agency Records ☐ Other: \_\_\_\_\_  
☐ Written Documents ☐ Collateral Contacts

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### VERIFICATION RESULTS

Results as of the date the verification process was completed:

- ☐ a. No Change  
☐ b. Responded, Changed to Free  
☐ c. Responded, Changed to Reduced Price  
☐ d. Responded, Changed to Paid  
☐ e. Did Not Respond

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Eligibility change noted on application? ☐ Yes ☐ No  
Eligibility change noted on master eligibility list? ☐ Yes ☐ No  
Eligibility change applied to all household members in the district? ☐ Yes ☐ No  
Eligibility change applied to the meal counting system? ☐ Yes ☐ No

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Was the household REAPPROVED for either FREE or REDUCED PRICE meal benefits on or before Feb. 15?

☐ Yes ☐ NO

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Signature of Verifying Official

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Date